

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8		/					58			
9	/						59			
10		/					60			
11	/						61			
12		/					62			
13	/						63			
14		/					64			
15	/						65			
16		/					66			
17	/						67			
18		/					68			
19	/						69			
20		/					70			
21	/						71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33		/					83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38		/					88			
39		/					89			
40		/					90			
41		/					91			
42		/					92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			